

**THE UNIVERSITY OF TENNESSEE
COLLEGE OF SOCIAL WORK**

Social Work 521: Clinical Social Work Practice With Individuals

Fall 2002

Instructor

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Code of Conduct

It is the student's responsibility to have read the College of Social Work Ethical Academic and Professional Conduct code that is in the College of Social Work MSSW Handbook (www.csw.utk.edu).

The Honor Statement

An essential feature of The University of Tennessee, Knoxville, is a commitment to maintaining an atmosphere of intellectual integrity and academic honesty. As a student of the University, I pledge that I will neither knowingly give nor receive any inappropriate assistance in academic work, thus affirming my own personal commitment to honor and integrity (Hilltopics 2002-03, page 30).

Disability

If you need course adaptations or accommodations because of a documented disability or if you have emergency information to share, please contact the Office of Disability Services at 191 Hoskins Library at 865-974-6087. This will ensure that you are properly registered for services.

Course Description

Clinical Social Work Practice with Individuals is one of the core required methods courses in the Clinical Concentration. Building upon the Foundation courses in social work practice and human behavior, this course examines theory, knowledge, and skills for clinical practice with individuals. The therapeutic process and treatment strategies are examined, incorporating content from psychodynamic and cognitive models. These content areas are compared and contrasted in terms of theoretical assumptions, intervention methods and technologies, and empirical evidence regarding practice outcomes. Attention is given to translating and utilizing practice models in ways consistent with the ecological and strengths perspectives and the application of these to vulnerable and high risk populations. Emphasis is given to the therapeutic process, the use of relationships, and clinical strategies for change. While the focus of the course is on intervention with individuals, clients are seen as influenced by their family and social contexts. A feminist perspective that stresses client empowerment is examined as a means of critiquing theoretical models. The overall goal of the course is to produce social work clinicians who are flexible and able to assess the utility of interventions consistent with social work values and ethics.

Rationale

Clinical social workers face complex human situations presented by clients from diverse backgrounds. Social workers must be prepared to make differential assessments and choose intervention strategies that will prove effective with specific client problems. Faced with a plethora of treatment theories, clinicians must have sufficient knowledge to make these critical choices. Guided by an ecological and strengths perspective, social workers must be skilled in strategies that will improve clients' coping behaviors and

environmental competence. Psychodynamic and cognitive models are examined because they are widely utilized by practitioners; are evident in ample literature and are adaptable to an ecological perspective. This course is designed to provide students with advanced knowledge and skills necessary for clinical practice with individuals.

Objectives

By the completion of the course, students are expected to be able to:

1. Describe the scope, nature, and focus of clinical social work with individuals, including issues in establishing effectiveness of treatment.
2. Describe the nature of clinical practice that incorporates ecological and feminist orientations.
3. Describe and analyze different clinical models, e.g. psychodynamic and cognitive, and their utilization in various practice settings and situations.
4. Describe the therapeutic relationship as the medium of intervening and the use of self within this context.
5. Describe and analyze the therapeutic process, including the underlying assumptions about change, knowledge and skills necessary for clinical assessment of individuals and development of treatment plans.
6. Design appropriate clinical strategies and procedures to utilize with individuals, including rationale for decisions, recognition of clients' strengths, and short term intervention.
7. Discuss different client problems and the selection of appropriate strategies, including consideration of the effects of race, gender, sexual orientation, age, and socio-economic class.
8. Explicate an understanding of ethical issues in clinical social work with individuals and the ability to thoughtfully analyze ethical dilemmas that may arise.
9. Discuss the evaluation of outcomes and implications of research for clinical practice for improving practice.

Required Texts

Turner, Francis, J. (1996). Social Work Treatment: Interlocking Theoretical Approaches (4th Ed.). Free Press. ISBN: 0-684-82994-0

American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition - Text Revised (DSM-IV-TR). ISBN: 0-89042-025-4

Confidentiality. Given the experiential approach that I take in teaching this class, an environment of mutual respect, trust, and complete confidentiality is essential. Any and all client and student information disclosed in class, either through assignments or class/group discussions, will be kept *strictly confidential* by students and the instructor. Violation of this policy will result in severe penalties, possibly earning a grade of "F" for the course.

Course Requirements

Attendance. Students are expected to attend, be on time, and actively involved in class sessions. All of you are adults, have many responsibilities, and must make difficult time management decisions. I trust that if you miss a class or come ill-prepared (mentally absent) it's for a good reason. Therefore, I do not need a reason/excuse for your absence. However, I do have a set formula for absences:

1 Absence	No problem, we all have things that come up.
2 Absences	Highest grade attainable is a B+
3 Absences	Highest grade attainable is a B and comprehensive exam now required

Four or more absences will require withdrawing from the class and may result in the student earning an unsatisfactory grade.

Readings. Students are expected to complete all assigned readings *before* class, be prepared to ask and answer questions, as well as contribute to classroom/group discussions.

Contracting for grades. Grades will be determined at the beginning of the semester based on a written contact between the instructor and student. Satisfactory progress must be attained in each of the course requirements, attaining a grade of *80% or better*. Note, *unsatisfactory* work will usually be returned for revision until reaching a satisfactory level. Students will be permitted to drop down to a lower grade at any time in the semester but can't opt for a higher grade.

Grade "B"	Grade "B+"	Grade "A"
Assessment/Diagnoses	Assessment/Diagnoses	Assessment/Diagnoses
Treatment Plans	Treatment Plans	Treatment Plans
Treatment Project	Treatment Project	Treatment Project
	Case Presentation	Case Presentation
		Advanced Treatment Project ~ or ~ Personal Therapy Experience ~ or ~ Custom Project

Students must complete all assignments, even if absent from class. For in-class activities, absent students will need to obtain the case/material used from their colleagues and then complete the assignment on their own, even if it was a group assignment, by the following class. More details on all the assignments will be provided in class and on CourseInfo in ASSIGNMENTS.

Assessment/Diagnosis

In this series of activities you will review client cases and provide your professional opinion as to the source/cause of the patients complaints (root problem/issue), theorize why this is so, and offer a five axial diagnoses. Getting it right does not always mean having the same answer as your colleagues but being able to justify/rationalize your professional opinion/diagnosis. You'll first do this *twice* in small groups and then *once* as individuals, although it will continue to be a component of other assignments.

Credit is given for these assignments if they are completed in a *satisfactory* manner, contains elements of the assignment as described. Unsatisfactory work will be returned with feedback for revision. I *strongly encourage* students to meet with me to review and improve their work, regardless of whether it was considered satisfactory or unsatisfactory.

Treatment Plans

This series of in-class and homework activities will focus on developing precise treatment plans with clear goals and measurable outcomes. Again, we'll first do these in small groups several times then once individually. I encourage students to use the treatment plan format utilized in their respective field agencies, as long as they contain the essential components:

1. Presenting/identified concerns,
2. Long/short-term goals and related measurable objectives,
3. *Specific interventions* and tasks for each objective,
4. To this plan you'll add a brief discussion of the theory shaping your treatment with this client and how it explains the principal problem.

Credit for these assignments is given if they include the 5 elements and are completed in a *satisfactory* manner (professionally written, appropriate to patient). *Unsatisfactory* work will be returned with feedback for revision.

Treatment Project

In this project you'll provide a full psychosocial evaluation and assessment of an actual patient being seen in your field agency (see psychosocial outline in CourseInfo). Students will complete a written report of this project that is *no longer than 15 pages double-spaced/typed*, containing at 6-12 references from the professional literature.

Credit for this project is given if a score of **80%** or better is earned, projects earning less than this minimum will be returned for revision.

Case Presentation... Discussion Facilitator

Students contracting for a "B+" or "A" will be required to *present a patient* from their field placement and then *facilitate a class discussion* on the *diagnosis & treatment* of the client, highlighting particular *challenges* (ethical, cultural, resource limitations, etc.). Students will need to prepare a *one page written summary* (single spaced, 12pt font, 1" margins) of the client and provide copies of this summary and *supporting materials* (2 articles on the principal problem(s) this patient is facing). The key to this assignment is that it should be *interactive* not simply a class report, engage your colleagues for ideas and feedback about this client, your treatment plan, and community resources. Think of yourself as a **discussion facilitator**. Don't be afraid to be creative, but be sure to check with me on any thing that might be really unique. Students will be limited to 10 minutes, no exceptions. You'll also be required, if called on, to portray this client in a role-play with the instructor or one of you colleagues.

Credit is given after professionally presenting your patient both in writing and orally.

Earning an "A" indicates that a student has an "excellent" command of the course material, selecting one of these three activities will give you the opportunity to demonstrate that level of mastery.

Advanced Treatment Project

This assignment is similar to the *basic treatment* project but with two twists. First, the student must select a clinical theory/approach **not** covered in class, then create a learning plan on how they will educate themselves about this theory. This learning plan must include 6-12 books/articles, attending a seminar,

studying a video, interviewing/observing other professionals practicing from this theory/approach. Second, the student provides video-taped sessions using his/her selected theory/approach with the actual patient, with permission of patient/agency, or person portraying the client. Think of yourself as the **expert** on this theory, so be prepared! Note, this assignment will take the place of the regular treatment assignment.

Credit is given after professionally presenting your chosen theory, patient, and intervention examples, earning a grade of 90% or better on the paper.

Personal Therapy Project

Experiencing what it's like to be a client is remarkably useful for social work clinicians. In this assignment, students will seek individual therapy from an experienced clinical social worker for no-less than 6 sessions. A list of social work therapists will be provided for students in search of a therapist. Students will keep a detailed journal of their experience and write a final paper analyzing their therapy, between 12-15 pages, specific instructions to be uploaded to CourseInfo.

Credit is given after completing 6 or more sessions with a clinical social worker and earning a grade of 90% or better on the final paper.

Custom Project

Have something else in mind that will demonstrate excellence? I am willing to discuss any alternative projects but a written description and project outline are required first.

Tentative Assignment Due Dates

Grade Contract - - - via e-mail	Class 2 - 9/2
Individual Assessment/Diagnosis - - - Homework	Class 5 - 9/23
Individual Treatment Plan - - - Homework	Class 6 - 9/30
Treatment Project (<i>May be submitted earlier</i>)	Class 14 - 11/25
Case Presentation	Student selected date
All course material/assignments.	Friday - 12/6/02

Don't let the number of activities/assignments stress you out. Many are done in-class, don't involve a great deal of writing, and should build upon activities you're doing in other classes and field. They do require thinking!

Course Outline

Class 1 8/26	Introduction to the Course Readings: Turner (1996). Chapter 1: Theory and Social Work Treatment
Class 2 9/2	Labor Day Holiday - No class

<p>Class 3 9/9</p>	<p>The Therapeutic Process</p> <p>Readings: Colon, E., Appleby, G. & Hamilton, J. (2001). Affirmative practice with people who are culturally diverse and oppressed. In G. A. Appleby, E. Colon & J. Hamilton (Eds.), <u>Diversity, oppression and social functioning: Person-in-environment assessment and intervention</u> (pp. 239-256). Boston: Allyn and Bacon.</p> <p>Davidson, J. R. (1992). White clinician-black client: Relationship problems and recommendations for change from a social influence theory perspective. <u>Journal of Multicultural Social Work, 1</u> (4): 63-76.</p> <p>Lindhurst, T. (1997). Lesbians and gay men in the country: Practice implications for rural social workers. In J. D. Smith & R. J. Mancoske (Eds.), <u>Rural gays and lesbians: Building on the strengths of communities</u> (pp.1-11). Binghamton, NY: Harrington Park Press.</p> <p>Millstein, K. (2000). Confidentiality in direct social-work practice: Inevitable challenges and ethical dilemmas. <u>Families in Society, 81</u> (3): 270-282.</p> <p>Smith, A. (1997). Cultural diversity and the coming out process: Implications for clinical practice. In B. Greene (Ed.), <u>Ethnic and cultural diversity among lesbians and gay men</u> (pp. 279-300). Thousand Oaks, CA: Sage.</p> <p>Swann, S. & Herbert, S. (1999). Ethical issues in the mental health treatment of gender dysphoric adolescents. In G. P. Mallon (Ed.), <u>Social services with transgendered youth</u> (pp. 19-34). New York: Harrington Park Press.</p> <p>Valentich, M. (1992). Toward gender-sensitive clinical social work practice. <u>Arete, 17</u> (1): 1-12.</p> <p>Wineburgh, M. (1998). Ethics, managed care, and outpatient psychotherapy. <u>Clinical Social Work Journal, 26</u> (4): 433-443.</p>
<p>Class 4 9/16 & Class 5 9/23</p>	<p>Professional Assessments & The DSM-IV-TR</p> <p>Readings: APA (2000). DSM-IV-TR - Cautionary Statement (p. xxxvii), Use of the Manual (pp. 1-12), Multiaxial Assessment (pp. 27-37)</p> <p>Bisman, C. D. (1999). Social work assessment: Case theory construction. <u>Families in Society, 80</u> (3): 240-256.</p> <p>Cole (1998) Practical Guide to DSM-IV - Handout</p> <p>Hepworth, Rooney, & Larsen (2002). <u>Direct Social Work Practice: Theory and Skills</u>: Chapters 8 & 9.</p> <p>Mallon, G. P. (1999) Knowledge for practice with transgendered persons. In G. P. Mallon (Ed.), <u>Social services with transgendered youth</u> (pp. 1-18). New York: Harrington Park Press.</p> <p>Mattaini, M. A. & Kirk, S. A. (1991). Assessing assessment in social work. <u>Social Work, 36</u> (3): 260-266.</p> <p>Saleebey, D. (2001). The diagnostic strengths manual? <u>Social Work, 46</u> (2): 183-187.</p>
<p>Class 6 9/30</p>	<p>Feminist Approach</p> <p>Readings: Turner (1996). Chapter 12: Feminist Theory and Social Work Practice</p> <p>Glassman, C. (1992). Explicitness: The unspoken mandate in feminist social work. <u>Affilia: Journal of Women and Social Work, 8</u> (2), 184-199.</p> <p>Lundy, M. (1993). Explicitness: The unspoken mandate in feminist social work. <u>Affilia: Journal of Women and Social Work, 8</u> (2), 184-199.</p>
<p>Class 7 10/7 & Class 8 10/14</p>	<p>Behavioral Therapy</p> <p>Readings: Turner (1996). Chapter 3: Behavioral Theory and Social Work Treatment</p> <p>Ellis, A. (2000). Rational emotive behavior therapy as an internal control psychology. <u>Journal of Rational Emotive and Cognitive Behavior Therapy, 18</u>(1): 19-38.</p> <p>Gambrill, E. (1995). Behavioral social work: Past, present, and future. <u>Research on Social Work Practice, 5</u> (4): 460-484.</p> <p>Thyer, B. A. (1991). Behavioral social work: it is not what you think. <u>Arete, 16</u> (2): 1-09.</p>

<p>Class 9 10/21</p>	<p>Gestalt Techniques</p> <p>Readings: Turner (1996). Chapter 14: Gestalt Theory and Social Work Treatment</p> <p>Cruse, R. (1990). Reviewing the past in the here and now: Using Gestalt therapy techniques with life review. <u>Journal of Mental Health Counseling</u>, 12 (3): 279-287.</p>
<p>Class 10 10/28 & Class 11 11/4</p>	<p>Cognitive Therapy</p> <p>Readings: Turner (1996). Chapter 5: Cognitive Theory and Social Work Treatment</p> <p>Bradshaw, W. (2000). Integrating cognitive-behavioral psychotherapy for persons with schizophrenia into a psychiatric rehabilitation program: Results of a three year trial. <u>Community Mental Health Journal</u>, 36 (5): 491-500.</p> <p>McGinn, L. K. & Sanderson, W. C. (2001). What allows cognitive behavioral therapy to be brief: Overview, efficacy, and crucial factors facilitating brief treatment. <u>Clinical Psychology: Science and Practice</u>, 8 (1): 23-37.</p> <p>Randall, E. J. (1994). Cultural relativism in cognitive therapy with disadvantaged African American women. <u>Journal of Cognitive Psychotherapy</u>, 8 (3): 195-207.</p> <p>Weisz, A. N. (1997). Self psychology and cognitive therapy: A comparison of two treatment models. <u>Journal of Analytic Social Work</u>, 4 (2): 51-67</p>
<p>Class 12 11/11</p>	<p>Brief Treatment: Crisis Intervention</p> <p>Readings: Turner (1996). Chapter 8: Crisis Theory and Social Work Practice.</p> <p>Everly, G. S. & Mitchell, J. T. (2000). The debriefing "controversy" and crisis intervention: A review of lexical and substantive issues. <u>International Journal of Emergency Mental Health</u>, 2 (4): 211-225.</p> <p>Fraser, J. S. (1998). A catalyst model: Guidelines for doing crisis intervention and brief therapy from a process view. <u>Crisis Intervention and Time Limited Treatment</u>, 4 (2-3): 159-177.</p> <p>Flannery, R. B. & Everly, G. S. (2000). Crisis intervention: A review. <u>International Journal of Emergency Mental Health</u>, 2 (2): 119-125.</p>
<p>Class 13 11/18 & Class 14 11/25</p>	<p>Psychoanalytic Approach</p> <p>Readings: Turner (1996). Chapter 9: Ego Psychology Theory</p> <p>Turner (1996). Chapter 22: Psychoanalytic Theory and Social Work Treatment.</p> <p>Blagys, M. D. & Hilsenroth, M. J. (2000). Distinctive feature of short-term psychodynamic-interpersonal psychotherapy: A review of the comparative psychotherapy process literature. <u>Clinical Psychology: Science and Practice</u>, 7 (2): 167-188.</p> <p>Leichsenring, F. (2001). Comparative effects of short-term psychodynamic psychotherapy and cognitive-behavioral therapy in depression: A meta-analytic approach. <u>Clinical Psychology Review</u>, 21 (3): 401-419.</p> <p>Truant, G. S. & Lohrenz, J. G. (1993). Basic principles of psychotherapy: I. Introduction, basic goals, and the therapeutic relationship. <u>American Journal of Psychotherapy</u>, 47 (1): 8-18</p> <p>Truant, G. S. & Lohrenz, J. G. (1993). Basic principles of psychotherapy: II. The patient model, interventions, and countertransference. <u>American Journal of Psychotherapy</u>, 47 (1): 19-32.</p>
<p>Class 15 12/2</p>	<p>Brief Treatment: Task-Centered</p> <p>Readings: Turner (1996). Chapter 26: Task-Centered Social Work</p> <p>Stalker, C. A, Levene, J. E., & Coady, N. F. (1999). Solution-focused brief therapy--one model fits all? <u>Families in Society</u>, 80 (5): 468-477.</p>

Note: Readings are to be completed on the day listed.

